



Inspected by: _____

NAME: _____ PAGE NO. _____ TIME: _____

ADDRESS: _____ DATE INSPECTED: _____

CITY: _____ PREVIOUS INSPECTION: _____

DIRECT/OWNER: _____ PHONE NO. _____

LICENSE CAPACITY: OCCUPANCY: BOYS: GIRLS: AGE RANGE:

NO. OF STAFF: FULL _____ PART _____ PROBATION/DCFS: _____ RCL LEVEL: _____

ESCORT'S NAME (PRINT): _____ ESCORT'S SIGNATURE: _____

RATING: E = Excellent G = Good S = Satisfactory U = Unsatisfactory N/A = Not Applicable

Bedrooms		Rating	
A. Beds			
B. Furniture			
C. Clothing			
D. Closets			
E. Quick-release Window Bars			
Bathrooms		Rating	
A. Hygiene Supply			
B. Sufficient Individual Linen Supply			
D. Sink, tubs, showers & toilets operable			
Posted Information		Yes	No
A. License of Home			
B. Activities Daily Schedule (84079, 84279)			
C. House Rules			
D. Individual Rights (80072, 84072)			
E. Chores			
F. Emergency Telephone Numbers			
G. Emergency Plan (80023)			
I. Evacuation Plan			
J. Other			
Special Incident Report (last 30 days)		Yes	No
A. AWOLs. How many			
B. Any Use of Force			
C. Recent Assault on Staff			
Comments:			

Schools	Yes	No
A. Does staff monitor clients' progress		
B. Is study area provided		
C. Is tutoring available		
D. Library cards		
E. Are clients enrolled in school		
<input type="checkbox"/> Public School		
<input type="checkbox"/> Non-Public School		
G. When did clients enroll		
<input type="checkbox"/> within 3 days		
<input type="checkbox"/> Other _____		
Other	Yes	No
A. Is staff familiar with client's needs		
B. Are Needs and Services Plan (NSP) onsite (80068)		
C. Are the NSPs up-to-date		
D. Are special needs addressed		
E. Are rooms free of odor		
F. Are rooms free of flies & other Insects		
G. Are pesticides or toxins present		
H. Are premises free of hazards		
I. Do the clients have Life Books		
J. Trash cans secure		
K. Access to keys		
L. Clothing allowance provided Records/Receipts		
M. Spending allowance provided Records/Receipts		
O. Are disaster drills conducted monthly & records available		

Other (cont'd)	Yes	No
P. Is current client roster available		
Q. Is laundry service provided		
R. Treatment Team Log Book available		
S. Staff ratios maintained for children in care (80065)		
Medical Emergencies	Yes	No
Name of Hospital:		
Name of Doctor:		
Mental Health Doctor:		
Medical & Safety	Yes	No
A. First Aid Kit (80075)		
B. CPR Cert (80075)		
C. Medications Secured (80075)		
D. Prescriptions on file (84175.1)		
E. Smoke Detectors		
F. Fire Extinguishers		
G. Earthquake Supplies		
H. Carbon Monoxide Detector		
I. Appropriate fire clearance maintained (80020, 84120)		
Left Scholarship Application w/GH		

Report to Board of Supervisors: Yes _____ No _____		Found Facility Satisfactory: Yes _____ No _____	
	Yes	No	
Report to Children & Family Services Dept.			Report to Probation Department
Left Corrective Action Response Plan w/GH			No One Home
Comments:			

Community Care Licensing Direct Line (Ask for Duty Worker) – (310) 568-1817 ♦ DCFS-Child Endangerment Hotline
 (if the offence is non-urgent but critical) – (800) 540-4000 ♦ DCFS-Patricia Balonos-Gonzales – (626) 569-6819
 ♦ Probation-Lisa Campbell Motton - (323) 357-5545 ♦ Dial 911 for Emergencies/Urgencies